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The operation is performed as follows: The lids are everted with a pair of Noyes's trachoma forceps, while with another pair or with Knapp's or Prince's forceps the granules are squeezed out, either with or without previous scarification. At the Contagious Eye Disease Hospital the operators prefer to use first Jameson's trachomatomes, which express at the same time that they scarify. The operation is then completed with Noyes's forceps, while Prince's forceps are finally used to remove the granules situated in the canthi. The mucous membrane is then thoroughly rubbed with a solution of bichloride of mercury 1 in 500, sterilized white vaselin is applied to the surface, or a few drops of castor-oil are instilled into the eye, a sterilized gauze dressing is applied, and the eyes are bandaged. The bandage is removed as soon as the patient recovers from the influence of the anæsthetic. The longer the bandage is retained, the more extensive will be the adhesions. The adhesions are caused by the agglutination of folds of conjunctiva denuded of their epithelium by the operation. They should be separated with a probe daily, until their tendency to formation ceases. Reaction is to be combated with ice compresses, irrigations of boracic acid, and, if secretion be profuse, some one of the silver salts should be used, preferably argyrol in twenty per cent. solution.

Old cases of trachoma with cicatricial changes in the lids and pannus are best treated by linear scarifications, the pannus being combated by atropine and hot applications. This treatment sometimes gives very good results. If the palpebral aperture be much contracted, a free cantholysis is indicated and is of the greatest service. With the jequirity treatment of old non-vascular pannus I have had no experience, but when in these cases the cornea becomes ectatic (bulges), the operation of iridectomy often gives a good result, even when the intra-ocular tension does not seem to be increased.

DESCRIPTION OF THE HEATING, LIGHTING, AND VENTILATION OF THE LYING-IN HOSPITAL, NEW YORK *

By LOUISE BURDETTE
Superintendent of Nurses

IN modern hospital construction there are probably no greater problems to be solved than those of satisfactory light, heat, and ventilation, all of which are so essential to the welfare of patients who are brought together in a hospital ward.

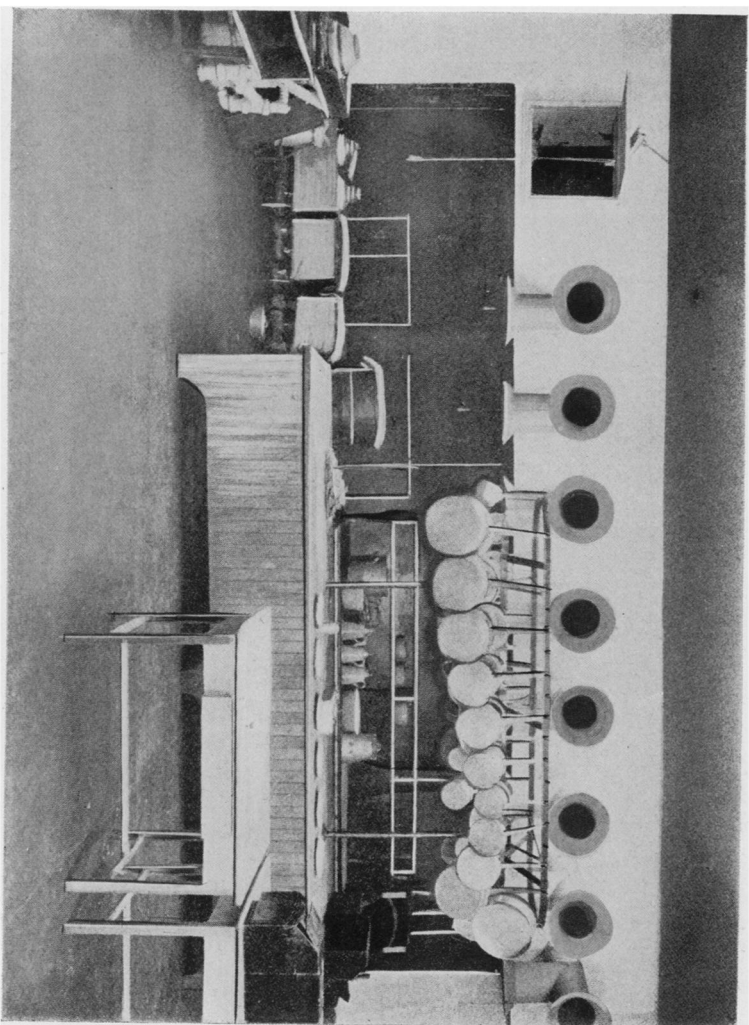
* Read at the meeting of Superintendents of Training-Schools in Pittsburg, October, 1903.



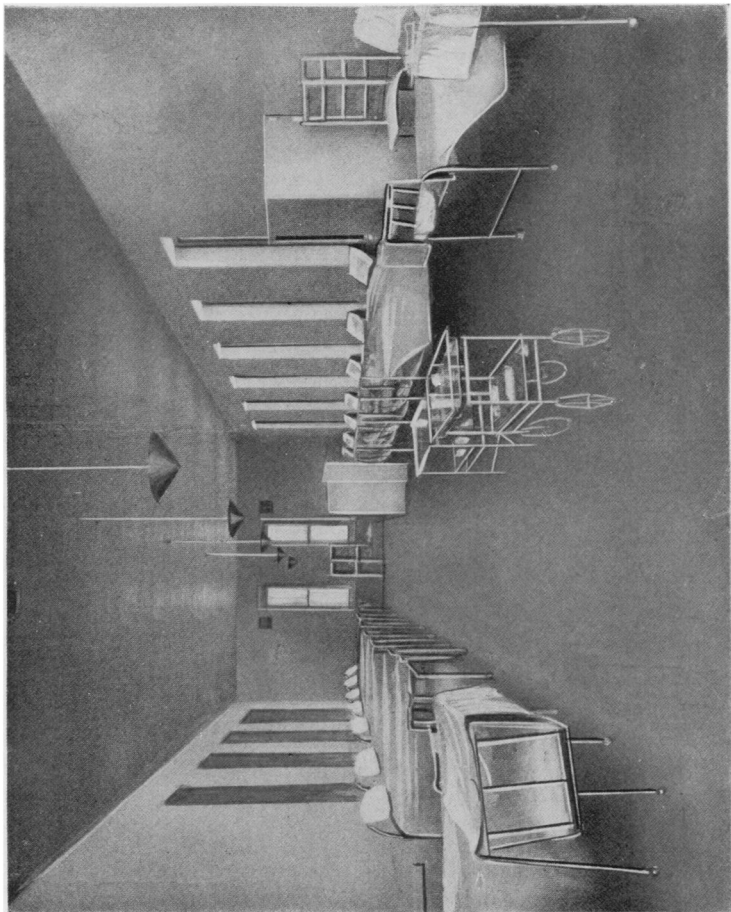
THE SOCIETY OF THE LYING-IN HOSPITAL, SECOND AVENUE, SEVENTEENTH AND
EIGHTEENTH STREETS



THE SOLARIUM, LOCATED ON TOP OF HOSPITAL, WHERE CONVALESCENTS MAY SIT AND HAVE THE
BENEFIT OF FRESH AIR AND SUNSHINE



KITCHEN, LOCATED ON TOP OF BUILDING



WARD, LOCATED ON EIGHTEENTH STREET SIDE, WITH A CAPACITY OF TWENTY BEDS, SHOWING
CORRECTED STEEL SHADE FOR ELECTRIC LIGHTS

In ventilation we have confronting us at once the question of furnishing a constant supply of fresh air to the wards without causing draughts, at the same time having this air heated to a uniform temperature before it enters the wards. This problem is very satisfactorily solved at the Lying-In Hospital, as will be described in what follows.

Not less important is the question of keeping the hospital throughout at a uniform temperature so that all parts of the building, general wards, operating-rooms, patients' receiving-rooms, babies' wards, etc., do not vary, whatever the outside climatic conditions may be. This we have also solved by automatic heat-regulating apparatus.

It is also desirable, particularly in an obstetrical hospital, where every effort is used to prevent the possibility of infection to newly delivered patients, to do away with every uneven surface that would afford lodgement for dust or infective matter, and as radiators of any sort must necessarily be of great surface, such as coils of pipe, these in an open ward of the kind mentioned are objectionable. This defect is obviated by placing all radiators in the wards behind tight steel guards which are so constructed that the surface is perfectly smooth and affords no lodgement for dust or foreign matter, and greatly facilitates the cleaning of the ward.

It might be of interest to add at this point that the entire hospital construction is also such that no angles or abrupt surfaces afford lodgement for dust. At the junction of side and end walls and ceiling and floor are curves instead of angles. The tops of all instrument- and dressing-cases are sloping instead of at right angles. In all ward furniture this idea is also carried out, and this, when all furniture, walls, etc., are white enamel, makes dust easily seen and easily removable.

All plumbing is exposed to view. All sinks, toilets, and bath-rooms have the flushometer attachment, and in this is also carried out the idea of doing away with angles or crevices.

All ward window-shades are of water-proof canvas and are on the outside of windows. The seats of the water-closets are in the form of a ring of a white composition material which is enamelled and not attached to the bowl. This can be removed and immersed in a disinfecting solution and cleansed with ease.

In the lighting of the hospital wards, operating-rooms, etc., several new ideas have been worked out and may be of interest. The problem has always been to furnish light that is bright, yet so diffused that it does not shine directly into the eyes of the patients. Some form of portable light is also desirable where dressings have to be done at night. This should be of a kind so that a bright light can be directed where needed without disturbing others in the same ward. The Lying-In Hospital is

lighted throughout by electric incandescent lamps from power furnished by the electric plant in the hospital, which consists of three large dynamos and a storage battery of sixty cells. The advantage of the battery is that, during the night, light, elevators, and all electric appliances can be switched on the battery, thus doing away with all vibration from engines and dynamos, also saving labor and fuel.

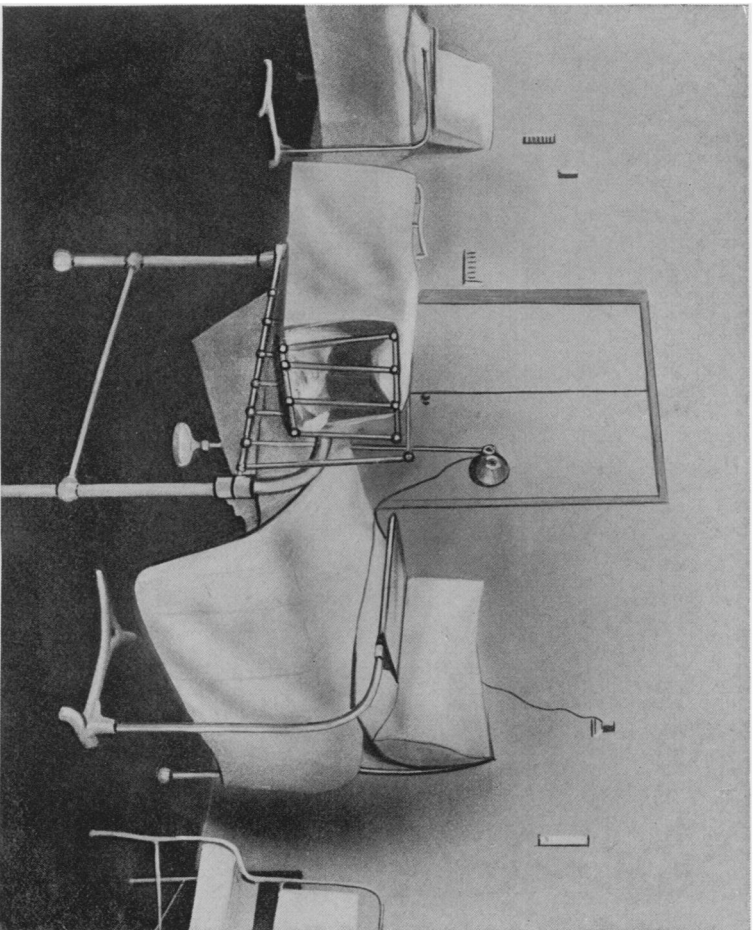
The question of furnishing the diffuse light for the wards without glare is met by placing the lights above a conical steel shade, so that the light is reflected upward against the white ceiling and diffused throughout the ward. This gives a light closely approximating sunlight and without glare. The ward lights are also regulated by dimmers, or an apparatus so arranged that the light can be diminished at will by the turning of a thumb-screw at the switchboard on the side-wall.

At the head of each ward bed there is a socket into which can be inserted a plug with a portable light which has also a steel shade which reflects the light in only one direction. This is used for light in doing dressings and giving night medication.

In the operating-room the light is regulated in the same manner, except that the shade of the chandelier is reversed so that a powerful direct light is thrown down over the operating-room table, and the portable light is arranged so that it stands about six feet high with a flexible gooseneck attachment that can be set at any angle and turned in any direction.

The air which goes to the hospital wards is drawn in through large air-ducts which go to the top of the hospital building. These towers contain a series of large, fine-meshed screens which act as filters, and the air is drawn in by large electrically driven fans. There are four motors located in the cellar forming a part of the ventilating plant, each used to turn a fan nine feet in diameter by five feet wide and driven by a motor of seventeen horse-power supplying air for two thousand five hundred square feet of heating surface. This when of uniform temperature is forced by four fans into various parts of the building.

There is also a system of electric fans, sixteen in number, for the purpose of drawing the foul air from the wards and rooms while a fresh supply is being forced in. There is no possibility, therefore, of any foul air remaining in the building, the supply being at all times absolutely pure and of uniform temperature. To maintain a uniform temperature, the radiators, concealed as before stated, are controlled automatically by thermostats, or a mechanism which by the action of the room temperature on a sensitive metal bar automatically turns on or shuts off the supply of steam to the radiators. These thermostats can be set at any temperature desired, are sensitive to slight temperature changes, and



WARD BED, SHOWING CRIB AT FOOT, BED TRAY, AND MOVABLE ELECTRIC LIGHT

perfectly control the temperature of the building. This is an important factor in a building which contains thirty-three thousand four hundred and sixty-two lineal feet of coil pipes and nine thousand six hundred square feet of radiators. There are forty tons of galvanized iron ducts for heating and ventilation, something like three miles in length. The available floor space in the building is about one hundred and forty thousand square feet.

The floors are made of a composition material called "lignolith," which is light and affords a smooth, hard, waterproof surface which can be easily cleaned.

The number of windows in the building are eleven hundred and fifty-nine, which at once suggests that some method for ease in cleaning would be desirable. This is arranged for by all windows being pivoted on a false frame so that they can be turned from within the wards and rooms and both sides cleaned from within. As no angles are present here, cleaning is greatly facilitated.

The kitchen and laundry are equipped with the newest electrical and steam appliances and are situated on the top floor, so that no odors pass through other parts of the building.

These few points regarding the Lying-In Hospital we trust will be of value to you. There is, of course, much more of interest in the construction and appliances for hospital use, as refrigerating and ice plant, crematory for refuse and soiled dressings, printing plant, disinfecting and sterilizing plant for patients' clothing, etc., but our limited space and time forbids further description at this time, so we offer the foregoing, hoping that from it some helpful points may be gleaned.

DOES THE TRAINING-SCHOOL DO ITS FULL DUTY?

By SUSAN BARD JOHNSON

Graduate Children's Hospital, Boston

IF nursing be the art of personal service to the helpless, were it not well that the young women being trained in the practice of this art should be taught the importance of the acceptable rendering of that service?

There are women whose innate womanliness will prevent their ever being other than acceptable to those whom they serve; there are others, alas! who lack fineness of feeling and are hard and unsympathetic; but the large majority of young women have a latent capacity for dignified sympathy and unselfish tactfulness, which may be developed and cultivated in the training-school, or may be ignored and tacitly discouraged.